WRMA
Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

SERVICE AREA 2 – SAN FERNANDO VALLEY COMMUNITY FORUMS

CONDUCTED FOR THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN
IN LOS ANGELES COUNTY

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We greatly appreciate the assistance we received from the LACDMH PEI staff, the Service Area Advisory Committees, and the Community Forum Coordinators in coordinating the forums. We also extend special thanks to all the community forum participants for taking the time to engage in the community forums and for sharing with us their perspectives. The wealth of information provided during each of the breakout session discussions was invaluable to the formation of this report.

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I. OVERVIEW

The Los Angeles County Department of Mental Health (LACDMH) is engaged in an intensive, inclusive, and multi-faceted approach to developing the County's Prevention and Early Intervention (PEI) Plan to be funded through the Mental Health Services Act (MHSA) enacted by California voters in 2004.

The focus for developing the PEI Plan is at the Service Area level, utilizing informational meetings, key individual interviews, focus groups, and community forums in each of the eight geographic areas of Los Angeles County. Because each Service Area has distinct and varying populations, geography, and resources, it is critical for PEI services to be specific and responsive to regional and community-based needs.

PURPOSE. The community forums presented an exciting opportunity for community participants to make recommendations regarding priority populations and strategies for their communities that will help keep community members healthy.

This report presents the findings from the two Community Forums conducted in Service Area 2 – San Fernando Valley. The purpose of the Community Forums was:

1. To introduce participants to the Department of Mental Health's Prevention and Early Prevention planning efforts.
2. To summarize what was learned from existing research, other community residents and service providers in this service area about needs, barriers and strategies for providing quality prevention and early intervention mental health services, and
3. To hear suggestions for where and to whom Prevention and Early Intervention services should be provided.

OUTCOMES. The Community Forums had two specific outcomes:

1. To identify the specific priority populations to be served in this service area.
2. To develop recommendations for strategies to serve these priority populations.

II. COMMUNITY FORUM METHODOLOGY

The community forums were designed to provide community members an additional opportunity to provide their input regarding priorities and strategies for addressing the six MHSA priority populations. With one exception (i.e., Service Area 1), a total of two community forums were held in each service area, for a total of 15 service area community forums. In addition, one countywide forum was held that focused on specific populations. Each community forum was organized around age- and language-specific breakout sessions/groups for which community members registered in advance. Each service area community forum followed the same format and procedures.

PARTICIPANTS. Participants were community members interested in taking part in a discussion about the mental health service strategies that would most effectively address the mental health needs in their communities.

- Each Service Area Advisory Committee conducted a concerted outreach effort to educate the public about the MHSA and the PEI planning process. Outreach efforts also placed a large emphasis on encouraging community members to attend the community forums and provide their ideas and suggestions on effective ways to improve the social and emotional well-being of people in their communities.

- When interested community members registered to attend the community forum in their Service Area, they also elected to participate in one of the following five age-specific breakouts: 1) Children 0 to 5 years; 2) Children 6 to 15 years; 3) Transition-Age Youth, 16 to 25 years; 4) Adults 26 to 59 years; and, 5) Older Adults 60 years or older. Additional language-specific breakout sessions were conducted as needed. Each breakout session was comprised of no more than 35 participants.

- A total of 182 community members attended the two community forums held in Service Area 2 and represented a diverse array of community sectors. Of the 182 participants, 30 percent represented mental health providers, 18 percent represented education, 15 percent represented parents and families of consumers and the underserved, and 12 percent represented social services. Between 1 and 8 percent represented health (8%), consumers (8%), law enforcement (4%), community family resource centers (3%), and employment (1%). Eleven percent of participants did not indicate which sector they represented.

- A total of 13 age- and language-specific breakout sessions were held across the two community forums conducted in Service Area 2. A breakdown of the number of community participants in each breakout session/group by community forum is presented in Table 1.

Table 1.
Community Forum Attendance by Location and Breakout Group

Location	Children 0 to 5	Children 6 to 15	Transitio n-Age Youth 16-25	Adults 26-59	Older Adults 60+	Korean	Spanish	Total
Van Nuys	9	24	34	28	7		4	106
Mission Hills	6	15	15	12	8	12	8	76
Total by Group	15	39	49	40	15	12	12	182

FORMAT. The community forums were organized and conducted in the same manner based on a three-hour or three-hour and fifteen minute time period. One of the two community forums in each Service Area was conducted on a weekday and the other on a Saturday, and took place either in the morning or in the late afternoon/early evening. Translators were available for mono-lingual speakers of various languages. The agenda at the forums included: 1) A welcome from the Service Area District Chief; 2) An introduction to the MHSA and prevention and early intervention Plan; 3) The results of the LACDMH needs assessment conducted in each area in terms of key indicators, key individual interview findings, and focus group findings; 4) Age- and language-specific breakout group discussions; 5) Key findings from breakout sessions/groups to all participants; and, 6) Final thoughts and acknowledgements from the District Chief and LACDMH staff.

BREAKOUT GROUPS. The age- and language-specific breakout sessions/groups were conducted by facilitators representing LACDMH as a neutral third-party. Each breakout session/group was conducted by a team of two staff members from Walter R. McDonald & Associates, Inc. (WRMA) and their subcontractors, EvalCorp Research & Consulting, Inc. and Laura Valles and Associates, LLC. One team member facilitated the breakout session/group, while another served as scribe and recorded participants' responses on flip charts, which participants could refer to throughout the discussion. The emphasis of the breakout groups was on identifying the top priority populations to be served in the service area and the appropriate strategies for the community.

III. SERVICE AREA 2 SUMMARY

Two community forums were held in Service Area 2 – San Fernando Valley. The first was held on October 22, 2008 from 4:00 pm to 7:00 pm at the Airtel Hotel Convention Center in Van Nuys, and the second one was held on October 25, 2008 from 10:00 am to 1:00 pm at the Guesthouse Inn Conference Center in Mission Hills.

A total of 13 age- and language-specific breakout sessions/groups were conducted in Service Area 2; of them, 10 were age-specific and represented the five CDMH age categories. The age-specific breakout groups were distributed as follows in Service Area 2: two groups each representing Children 0-5; Children 6-15; Transition-age Youth, 16-25; Adults, 26-59; and, Older Adults, 60 plus. Of three additional language-specific groups, two were conducted in Spanish and one was conducted in Korean. It is important to note that within each of the language-specific breakout groups, participants were asked to prioritize two of the five age categories, as well as to prioritize one priority population under each age category.

Table 2.
Summary of Breakout Groups' Priority Selections
Numbers in parentheses indicate the number of participants in the breakout group and the number of votes

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Children 0-5 Years		
October 22, 2008 Van Nuys, CA (9)	1. Children/Youth in Stressed Families (4)	Training and education (specifically for parents/caregivers that are school/community based)
	2. Children/Youth at risk for School Failure (3)	Affordable parent/care-giver pre- and post-natal education
October 25, 2008 Mission Hills, CA (6)	1. Children/Youth in Stressed families (4)	Funding for new programs that fill gaps and provide incentives for programs
	2. Underserved Cultural Populations (2)	Linguistic/cultural appropriateness through tailor-made strategies based on needs assessments for Asian Pacific Islanders, Armenians, LGBTQ, American Indians, and Latino communities
Children 6-15 Years		
October 22, 2008 Van Nuys, CA (24)	1. Children/Youth in Stressed Families (15)	Comprehensive school-based services delivered by community agencies and organizations that integrate primary care and mental health services
	2. Children/Youth at risk for School Failure (8)	School-based services that include community-based collaborations delivered by mental health professions and/or trained paraprofessionals.

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
October 25, 2008 Mission Hills, CA (15)	1. Children/Youth in Stressed Families (13)	In-home services that include assessment, counseling, tutoring and parent education
	2. Children/Youth at risk for School Failure (9 after tie break)	School-based services that include partnerships with CBOs, peer support, and early intervention programs and training for school staff on a variety of mental health issues.
Transition Age Youth 16-25 Years		
October 22, 2008 Van Nuys, CA (34)	1. Children/Youth in Stressed Families (13)	Increased urgent mental health care services and increased provider capacity, particularly assessments and case management
	2. Underserved Cultural Populations (8)	Increased collaborations among schools, community, and faith-based organizations
October 25, 2008 Mission Hills, CA (15)	1. Children/Youth at risk for School Failure (7)	Increased education about mental health, stigma, and emotional fluency
	2. Individuals Experiencing Onset of Psychiatric Illness (4)	Increased education about mental health and mental illness for anyone who interacts with children, including parents, teachers, police, judges, etc.
Adults 26-59 Years		
October 22, 2008 Van Nuys, CA (28)	1. Trauma Exposed (10)	Culturally appropriate and relevant services and staff
	2. Underserved Cultural Populations (8)	Early intervention services in communities with a high percentage of uninsured cultural populations
October 25, 2008 Mission Hills, CA (12)	1. Individuals Experiencing Onset of Psychiatric Illness (6)	Outreach at churches, parks, within existing trusted community-based organizations, in client-run centers, at mental health facilities within county jail, and at community fairs
	2. Underserved Cultural Populations (5)	Increased outreach and education about available services, including mental health services, in various languages
Older Adults 60+ Years		
October 22, 2008 Van Nuys, CA (7)	1. Underserved Cultural Populations (3)	Culturally and linguistically appropriate services and education/training on an array of mental health issues
	2. Individuals Experiencing Onset of Psychiatric Illness (3)	Increased screening at senior centers, doctor's offices, gay and lesbian centers, rehabilitation centers, and other non-traditional settings
October 25, 2008 Mission Hills, CA (8)	1. Underserved Cultural Populations (3)	Outreach and education strategies to increase awareness of mental health services and decrease stigma
	2. Trauma Exposed (3)	Increased partnerships and collaboration

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Korean-Speaking Group		
October 25, 2008 Mission Hills, CA (12)	**Children-Ages 6-15 (3)**	
	1. Children/Youth in Stressed Families (6)	Increase "traveling counselors" who provide services in-home and in local churches
	TAY-Ages 16-25(7)	
	1. Children/Youth at risk for School Failure (6)	Parent educational programs to understand the U.S. educational and cultural system
Spanish-Speaking Group		
October 22, 2008 Van Nuys, CA (4)	Children-Ages 0-5 (2)	
	2. Children/Youth in Stressed Families (2)	Spanish mental health support groups (provided in San Fernando Valley), focusing on child abuse prevention based on the participants' experiences and knowledge and parenting classes for men
	Children-Ages 6-15 (2)	
	2. Underserved Cultural Populations (3)	Educational trainings on the immigration/legalization process and resources available for this community
October 25, 2008 Mission Hills, CA (8)	Children-Ages 0-5 (3)	
	1. Children/Youth in Stressed Families (4)	Utilize the Promotoras model to outreach and educate Latino families. Promotoras to be well trained in a variety of topics, including mental health; Promotoras to become full time employees with benefits. DMH to pay half of their salary and the other half by their organization
	TAY-Ages 16 -25 (3)	
	1. Children/Youth in Stressed Families (6)	Programs/classes for teens such as; "Teen Day Care", after schools programs, cultural field trips, Teen Promotoras, sex education and artistic and creative classes for teens to channel/express their feelings and emotions

IV. TOP PRIORITY POPULATIONS SELECTED

After the facilitator introduced all the participants to the goals and focus of the breakout session/group, each participant was asked to vote on one of the six MHSA-identified priority populations. Given the limited PEI resources, LACDMH requested the participants' assistance to identify which populations within a specific age group needs to be a priority for the provision of PEI services and supports. Table 3 shows the top two priority populations selected in each age category in Service Area 2.

In Table 3, each priority population selected by an age-specific breakout group is indicated by a check mark (✓). The denotations "S" and "K" in the table indicate the priorities specified by the Spanish- and Korean-language breakout sessions/groups.

Table 3.
Top Two Priority Populations by Age Group
(N=13 Breakout Sessions)

Priority Populations	Children, 0 to 5	Children, 6 to 15	Transition-Age Youth, 16 to 25	Adults, 26 to 59	Older Adults, 60+
Underserved Cultural Populations	✓	S	✓	✓✓	✓✓
Individuals Experiencing Onset Of Serious Psychiatric Illness			✓	✓	✓
Children And Youth In Stressed Families	✓✓SS	✓✓K	✓S		
Trauma-Exposed				✓	✓
Children At Risk Of School Failure	✓	✓✓	✓K		
Children/Youth At Risk Of Or Experiencing Juvenile Justice Involvement					

The two sessions/groups representing Children 0 to 5 selected Underserved cultural populations, Children and youth in stressed families, and Children at-risk of school failure. The two sessions/groups representing Children 6 to 15 selected Children and youth in stressed families, and Children at-risk for school failure as their top priorities. Demonstrating a wider variety in responses, the two sessions/groups representing Transition-Age Youth (16-25) selected Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, Children and youth in stressed families, and Children at-risk for school failure as their top priority populations.

The two sessions/groups representing Adults (26-59) voted Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals as their top priority populations. Similarly, participants in the two sessions/groups representing Older Adults (60 plus) chose these same three priority populations: Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals.

Voting by participants attending the Spanish-language sessions/groups identified the following priorities: Children 0 to 5 (Children and youth in stressed families); Children 6-15 (Underserved cultural populations); and, Transition-Age Youth (Children and youth in stressed families). Participants attending the Korean-language sessions/groups elected the following priorities: Children 6 to 15 (Children and youth in stressed families) and Transition-Age Youth (Children at-risk of school failure).

V. AGE GROUP RECOMMENDATIONS

The recommendations that emerged from the top priority populations selected in the breakout sessions/groups are presented below. Once each group had selected the top priority populations, they were asked to drill deeper and list the sub-populations that fell under each priority population.

Participants also were asked to identify strategies for addressing the mental health needs of the priority populations selected. At the end of the discussion, the strategies were consolidated and each participant was given an opportunity to vote for one strategy under each priority population. This section presents the top two to three strategies that emerged from those discussions as well as the sub-populations cited for each population by age group.

CHILDREN, 0-5 YEARS

PRIORITY POPULATIONS. Two breakout sessions/groups representing Children 0 to 5 were conducted, and two Spanish-language breakout groups selected Children 0 to 5 as a priority age category. Table 4 shows how many groups and the total number of participants in the groups who voted for the top priority populations representing Children 0 to 5. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups representing each priority population.

Table 4. Percentage of Participants Who Selected the Top Priority Populations for Children, 0 to 5

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children And Youth In Stressed Families	4	14	27	52%
Children At Risk Of School Failure	1	3	9	33%
Underserved Cultural Populations	1	2	6	33%

SUB-POPULATIONS. Table 5 displays how participants defined the sub-populations for Children and youth in stressed families, Children and youth at risk of school failure, and Underserved cultural populations.

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations			
	Group 1 (N=9)	Group 2 (N=6)	Group S (N=4)	Group S (N=8)
Children and Youth in Stressed Families	• Children without access to quality childcare (proximity/cost); with siblings in the juvenile justice department; or, children exposed to prenatal stressors. • Children of mothers with postpartum depression; children of parents with depression either diagnosed or undiagnosed; children of parents who are economically stressed; or, children of parents with special needs. • Foster children. • Unborn children of pregnant teens. • All families impacted by poverty, environment, loss, incarceration, and trauma. • Victims of domestic violence, trauma, and abuse. • Individuals exposed to drugs/alcohol (due to prenatal exposure or from observing it first-hand).	• Children who do not have an outside person looking out for them, for example, children not enrolled in preschool or in contact with a teacher; children of trans-generational stressed families – born into and growing up in stressed families (e.g., history of abuse, drug use, etc.); children of immigrants; or, children in foster care or families that are broken up. • Vulnerable children who cannot advocate for themselves; special-needs children, particularly those who are underserved; or, children with physical or medical challenges not diagnosed early enough. • Teen moms; or, single parent families. • Mothers experiencing depression. • Families living in poverty, often single moms; parents working full time and not home often (multiple jobs); or, parents using alcohol and/or drugs. • Individuals experiencing domestic violence; individuals who are unemployed; or, victims of child abuse.	• Single parents. • Physically and sexually abused children. • Children from unwanted pregnancies. • Children with special needs. • Adopted children, by parents from different ethnic backgrounds.	• "Invisible children" (extremely quiet and submissive children). • Children living in homes with domestic violence. • Children with Autism. • Children who are rejected from pre-schools. • Pregnant women. • Teen parents.

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations
Priority Populations	Group 1 (N=9)
Children and Youth at risk of School Failure	• Children with behavioral problems (ADD, aggression, etc.); children with learning disabilities (speech delay); children who develop attachment disorders due to inconsistent caregivers; or, socially awkward or withdrawn children. • Children of uneducated or illiterate parents; children of immigrant parents that do not speak English; children who were never played with or read to; or, children unable to attend preschool (no access/resources). • Victims of domestic violence, trauma, or abuse. • Foster children. • Children of teen parents.
Priority Populations	Group 2 (N=6)
Underserved Cultural Populations	• Children of undocumented families who are reluctant to seek services. • Those linguistically isolated. • Privately insured or underinsured families with low income. • Alternative families (gay, lesbian, transgender). • Armenian families; African American families overrepresented in the system; Asian Pacific Islander families; Native American families, particularly those in need of services outside of tribal services/community; or, Latino, Spanish-speaking families, including those not targeted for outreach.

STRATEGIES. The two to three top strategies selected by the two breakout groups representing Children 0 to 5 are presented in Table 6.

Table 6. Top Strategies by Priority Population: Children, 0 to 5

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=9)	School/community-based training and education, specifically for parents/caregivers (n=7).	Public health approaches to promote protective factors and reduce stigma (n=2).	N/A
	2 (N=6)	Funding for new programs that fill gaps and provide incentives for programs (n=2).	Increased professional/para-professional training about mental illness in children ages 0-5 (n=2).	More assessments and linkages to services in family courts, child care, doctors' offices, WIC offices, and other non-traditional settings (n=1).
	S (N=4)	Spanish mental health support groups, focusing on child abuse prevention based on the participants' experiences and knowledge. Support groups to be provided in San Fernando Valley (n=2).	Parenting classes for men, facilitated by male instructors (n=2).	N/A
	S (N=8)	Utilize the Promotoras model to outreach and educate Latino families. Promotoras to be well trained in a variety of topics, including mental health; Promotoras to become full time employees with benefits. DMH to pay half of their salary and the other half by their organization (n=5).	Parenting education/classes for teen parents, to improve relationships with their children; increase accessibility to parenting programs such as Mommy and Me, and Well Baby at local parks, community agencies, schools, and DMH for Latino families (n=3).	N/A
Children and Youth at risk of School Failure	1 (N=9)	Affordable parent/caregiver pre-/post-natal education (n=4).	Transforming schools into hubs for parenting education services and increased training for counselors, educators, and parents (n=3).	Increased training and support for screening provided in schools, homes, and pediatricians' offices (n=2).
Underserved Cultural Populations	2 (N=6)	Linguistic/cultural appropriateness via tailor-made strategies based on needs assessments for Asian Pacific Islander, Armenian, LGBTQ, American Indian, and Latino communities (n=4).	Co-location and better linkages to comprehensive services (n=1).	Not identified.

CHILDREN, 6 TO 15 YEARS

PRIORITY POPULATIONS. Two breakout sessions/groups were conducted representing Children 6 to 15. In addition, Children 6 to 15 was selected as a priority age category in one of the Spanish-language breakout groups, as well as the Korean-language breakout group. These four groups representing Children 6 to 15 identified three priority populations.

Table 7 shows the distribution of groups by priority population and the number of participants in the groups who voted for each of the top priority populations representing Children 6 to 15. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups electing the respective priority populations.

Table 7. Percentage of Participants Who Selected the Top Priority Populations for Children, 6 to 15

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Underserved Cultural Populations	1	3	4	75%
Children And Youth In Stressed Families	3	34	51	67%
Children At Risk Of School Failure	2	17	39	44%

SUB-POPULATIONS. Table 8 displays the sub-populations for Underserved cultural populations, Children and youth in stressed families, and Children at-risk of school failure that were identified by the participants representing Children, 6 to 15.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations		
	Group S (N=4)		
Underserved Cultural Populations	• Undocumented/immigrant children and youth. • Gay, lesbian, bisexual, and transgender youth. • Monolingual children and youth. • Children and youth victims of bullies. • Children and youth from divorced parents; living in homes with domestic violence; or, with psychiatric illness. • Youth who are using drugs, homeless, prostituting and vandalizing; or, HIV infected youth.		
Priority Populations	Group 1 (N=24)	Group 2 (N=15)	Group K (N=12)
Children and Youth in Stressed Families	• Children with special needs and their families; or, children and families with gender identity and/or sexuality issues. • Trauma exposure, and/or children/youth at risk of experiencing the juvenile justice involvement. • Foster care children and/or adoptive families. • Families experiencing poverty, racism, and/or oppression; families with substance abuse and/or domestic violence; or, families with individuals experiencing the onset of serious psychiatric illness; • Underserved cultural populations; ethnic minority populations, particularly Asian Pacific Islanders and Latinos; homeless families; or, newly immigrated and undocumented families. • Gang involved or affected families; families of veterans; non-English speaking families; or, low-income and/or uninsured families. • Single parent and teen parent families; or, grandparents raising grandchildren.	• Children with attachment issues due to disintegration of their families, divorce, and blended families; children suffering from neglect; or, children that are trauma-exposed, often due to gang and community violence. • Children, foster parents and kinship caregivers involved in the child welfare system. • Recent immigrants and their children, specifically Armenian and Latino individuals that have difficulty accessing services due to language isolation and the stigma associated with mental health issues. • Families suffering from physical, sexual, or emotional abuse; or, families suffering from domestic violence. • Families living with individuals with mental illness. • Economically distressed families. • Single parents.	Not identified.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations	
	Group 1 (N=24)	Group 2 (N=15)
Children at risk of School Failure	• All of the sub-populations listed above in children/youth in stressed families also apply and contribute to children/youth at-risk of school failure. • Children with special education needs, dual diagnoses, and/or school phobias; children who are self-injurious; children with anger management and peer pressure issues; or, children who lack of social skills and/or friendships. • Children exposed to community and/or domestic violence; or, abused, neglected, or abandoned children. • Children of illiterate and/or non-English speaking parents; non English speaking children/students. • Children/students affected by school budget problems; children experiencing bullying and/or other trauma; truant children needing interventions; or, academically failing children/students. • Children ineligible to access mental health services due to diagnoses; or, children with obesity or other health issues. • Children with incarcerated parents; or, children and parents with relational problems, which may be due in part to a cultural/ generational divide. • Substance abuse among children and their families. • Teachers unable to identify mental health needs in children.	• Children who are fearful of attending school due to the lack of safety in certain schools; or, children who are victims of bullying or those who bully and mistreat other children. • Children who lack family support and/or whose parents devalue education. • Children who cannot read at grade level. • Children targeted by gangs. • Children whose parents suffer from mental illness; children with behavioral problems and emotional disorders; or, children with special needs, especially learning disabilities. • Children who are gay, lesbian, or questioning their sexuality. • Students of color that lack access to quality education and often face lower expectations from parents, teachers, and school administrators. • Latch-key kids.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing four breakout groups advocating for Children 6 to 15 are presented in Table 9.

Table 9. Top Strategies by Priority Population: Children, 6 to 15

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	S (N=4)	Educational trainings on the immigration and legalization process, and resources available for this community (n=3).	Educational workshops for families who have children and youth with mental illness (e.g., Bipolar, ADHD and Schizophrenia) (n=1).	N/A
Children and Youth in Stressed Families	1 (N=24)	Comprehensive school-based services delivered by community agencies and organizations that integrate primary care and mental health services (n=24).	N/A	N/A
	2 (N=15)	In-home services that include assessment, counseling, tutoring, and parent education (n=8).	School-based services in partnership with CBOs that may include parent centers, parent education, family counseling, peer support (for parents and for youth), and mediation (n=2).	Community outreach through faith-based organizations, the Los Angeles Police Department, and CBOs to develop neighborhood action groups where community residents meet to discuss and organize regarding issues affecting their families and their neighborhoods (n=2). <u>Additional strategy tied for 3rd place</u>: Expansion of community programs that have been proven to work and promote interagency collaboration (n=2).
	K (N=12)	Increased "traveling counselors" who provide services in-home and in local churches (n=9).	Community mentorship program set-up at schools or churches (n=2).	Public education by advertising via the Korean television network through public service announcements (n=1).
Children and Youth at risk of School Failure	1 (N=24)	School-based services that include community- based collaborations delivered by mental health professionals and/or trained paraprofessionals (n=20).	Community-based mentoring programs (n=1).	Public accountability of politicians to support mental health programs (n=1).

Table 9. Top Strategies by Priority Population: Children, 6 to 15

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
	2 (N=15)	Development of school-based services that include partnerships with CBOs, peer support, and early intervention programs and training for school staff on a variety of mental health issues (n=9).	Multi-disciplinary community-based services that include neighborhood action groups being established in each Service Planning Area (n=3).	Development of comprehensive home-based wrap around services (n=3).

TRANSITION-AGE YOUTH, 16 TO 25 YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Transition-Age Youth. In addition, one Spanish- and one Korean-language breakout group selected Transition-Age Youth as a priority age category. Each of the language-specific breakout groups selected one priority population within each age category (refer back to Table 2 for a visual representation of the breakout group priority population selections). Table 10 displays the distribution of breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important for Transition-Age Youth. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 10. Percentage of Participants Who Selected the Top Priority Populations for Transition-Age Youth, 16 to 25

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children At Risk Of School Failure	2	13	27	48%
Children And Youth In Stressed Families	2	19	42	45%
Individuals Experiencing The Onset Of Serious Psychiatric Illness.	1	4	15	27%
Underserved Cultural Populations	1	8	34	24%

SUB-POPULATIONS. Table 11 displays the sub-populations for the four priority populations identified above by participants representing Transition-Age Youth.

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations	
	Group 2 (N=15)	Group 3-K (N=12)
Children and Youth at risk of School Failure	• Children with school truancy or suspension issues; children who are bullied or engaged in bullying behaviors; or, children who make ethnocentric statements such as, "Armenian power." • Children with mild to moderate symptoms of anxiety and/or depression; children with eating disorders; children who are traumatized: sexual abuse, accidents, deaths, etc.; Children with discipline and drug problems; children with withdrawal symptoms; or, children with suicidal ideation. • Children who are socially isolated; or, who engage in gang activities. • Children in stressed families, e.g., families with domestic violence or incarcerated family members; or, children in divorced homes and/or have parents who are uncooperative with one another. • Children with ill family members; or, children with incarcerated parents. • Children in group homes; • Children of Armenian immigrants. • College students. • Single-parent households. • Underserved cultural populations: Latino, Korean, Armenian, or African American males/females. • Those experiencing social stigma in regards to mental health.	• Not identified.
Priority Populations	Group 1 (N=34)	Group 4-S (N=8)
Children and Youth in Stressed Families	• Children who witness/experience domestic violence in the home; children/youth living in high crime, gang infested areas; or, homeless, runaway, throw-away youth. • Children/youth removed from homes who are now living in foster care. • Families where there is a prior history of substance abuse, mental illness, depression, or low self-esteem. • Families with incarcerated children. • Immigrant, newcomer, and undocumented families (unable to access resources or services. • Individuals who are economically disadvantaged. • Undereducated individuals, limited literacy, or limited exposure to navigating through systems and resources.	• Depressed children/youth. • Drug addicted youth. • Gay and lesbian youth. • School drop-outs. • Pregnant teens. • Teen parents

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations
	Group 2 (N=15)
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Children who bring weapons to school. • Children with repeated drug use or exposure to methamphetamine use, alcohol, or other substances. • High school and college-aged youth. • People with a combination of prodromal symptoms such as hallucinations, withdrawal, and decreased self-care. • Aggressors and/or victims of aggression.
Priority Populations	Group 1 (N=34)
Underserved Cultural Populations	• Youth 16-18 year olds who fall outside of traditional teenage/youth programs; under-insured, uninsured, and indigent youth; or, foster youth/probation youth 18-21 who are aging out of the system (emancipating youth); • Youth living in densely populated and impoverished neighborhoods; or, homeless, runaway, throw away LGBTQ youth who may be engaging in survival sex, prostitution, or may have experienced sexual violence. • Youth who come from multi-generational gang families. • Young Latina females at risk for substance abuse; or, young Latino parents. • Stigma of a "person is crazy," particularly among Latino immigrant families. • Immigrant youth (East Indian, Russian, Armenian, Farsi speaking, Asian Pacific Islanders, Latino). • Marginalized LGBTQ Youth (Latino, African-American populations where stigma related to being LGBTQ is prevalent, and where orientation/identity is taboo);

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing four groups advocating for Transition-Age Youth are presented in Table 12.

Table 12. Top Strategies by Priority Population: Transition-Age Youth, 16-25

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth at risk of School Failure	2 (N=15)	Increased education for teachers, parents, youth, policymakers, judges, police and other decision-makers on mental health, social stigma, and emotional fluency (n=9).	Increased access to mental health services by increasing the number of school psychologists, using mentors and volunteers, and providing services where the kids are at (n=3).	Not identified.
	K (N=12)	Parent education programs to understand the U.S. educational and cultural system (n=7).	Organization of professional liaisons to collaborate with Korean PTA at school (n=5).	N/A
Children and Youth in Stressed Families	1 (N=34)	Offer urgent mental health care, increase provider capacity, utilize case management and comprehensive service approaches, and provide peer support services (n=21).	Increased collaboration and communication among entities, utilize comprehensive wrap around, one-stop CBOs to prevent working in silos (n=6).	Utilization of schools and parent centers as hubs (n=2).
	4-S (N=8)	Programs/classes for teens such as: "Teen Day Care," after school programs, cultural field trips, Teen Promotoras, sex education and artistic and creative classes for teens to channel/express their feelings and emotions (n=7).	Parenting classes on how to help and motivate their children to stay in school. Classes to be mandatory, and culturally and linguistically appropriate (n=1).	N/A
Individuals Experiencing the Onset of Serious Psychiatric Illness	2 (N=15)	Educate parents, police, judges, and others working with children about mental health symptoms (n=9).	Create a "no wrong door" policy and conduct outreach (n=2).	A mental health hotline where parents can obtain referrals for treatment, learn to identify symptoms, and steps they need to take (n=1).
Underserved Cultural Populations	1 (N=34)	Increased collaboration among schools, community, and faith based organizations (create a village-like environment) (n=17).	A more field-based service delivery approach, accessing people via parks and recreation centers, internet, food banks, need-based service programs, and non-mental health entities (n=11).	Linguistically and culturally appropriate services and materials (n=2).

ADULTS, 26 TO 59 YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Adults. Table 13 shows the distribution of breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important to participants. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 13. Percentage of Participants Who Selected the Top Priority Populations for Adults, 26 to 59

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Individuals experiencing the onset of serious psychiatric illness	1	6	12	50%
Trauma-exposed	1	10	28	36%
Underserved cultural populations	2	13	40	33%

SUB-POPULATIONS. Table 14 displays the Adult sub-populations for the three priority populations identified above.

Table 14. Priority Population Sub-populations: Adults

Priority Populations	Sub-populations	
	Group 2 (N=12)	
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Those with anxiety disorders, potential suicide, or demonstrating signs of paranoia; those experiencing signs of depression; or, treatment resistant adults. • Immigrants experiencing stress. • Those who have recently lost jobs; or, individuals at-risk of homelessness. • People from cultural minority groups; Asian population (Thai and Cambodian); and/or Armenians.	
	Group 1 (N=28)	
Trauma-exposed	• Those exposed to violence and its impact upon their mobility and sense of safety; economic and/or fire victims; or, those with post traumatic stress disorder. • LGBT population, such as those engaged in the 'coming out' process who have to cope with religious, societal, school, cultural, and other groups. • Prolonged illness (i.e., cancer or HIV/AIDS). • Chronically mentally ill; or, substance drug abuse/addiction. • Immigrants (Armenians, Asians, Russians, Middle Eastern, and Latinos) engaged in the assimilation process and dealing with learning their rights, housing, language issues, or accessing services.	
	Group 1 (N=12)	Group 2 (N=28)
Underserved Cultural Populations	• Latinos, African and Native Americans, and other ethnic groups experiencing a lack of access due to availability, geography, limited finances, limited transportation, and language issues; Asians and Armenians who are often under-reported due to family stigma about mental health and immigration status; or, individuals from a mixed race/culture. • Unemployed, impoverished, and uninsured population, particularly the undocumented. • Homeless, LGBT, and HIV positive population.	• Asian populations; the Armenian population; or, the Black population. • LGBTQ communities, especially those with minority status. • People with physical and mental disabilities, especially those who lack access due to the lack of insurance or long wait-lists. • Parolees or probationers who were also in a mental health facility. • Undocumented immigrants.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing two groups advocating for Adults are presented in Table 15.

Table 15 Top Strategies by Priority Population: Adults, 26-59

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Individuals Experiencing the Onset of Serious Psychiatric Illness	2 (N=12)	Outreach where people are, including churches, parks, within existing trusted community-based organizations, in client-run centers, at mental health facilities within county jail, and at community fairs (n=7).	Training and education in colleges for mental health providers about cultural minority groups; as well as education and training for family and caregivers in minority communities about mental health issues, especially about early onset signs (n=5).	Provide culturally and linguistically appropriate services through trusted agencies located within ethnic communities, culturally specific events and gatherings, and material in accessible (non-jargon) language (n=4).
Trauma-Exposed	1 (N=28)	Culturally appropriate and relevant services and staff (n=7).	A streamlined referral process (n=6).	Increased or targeted outreach and education on accessing services or identifying mental health issues (n=5).
Underserved Cultural Populations	1 (N=28)	Early intervention services in communities with a high percentage of uninsured cultural populations (n=11).	Involvement of community-based cultural centers in mental health services (i.e. referral, needs assessments and education) (n=6).	Expanded and flexible hours for mental health access points (n=2). Additional strategy tied for 3rd place: Affordable housing (n=2).
	2 (N=12)	Increased outreach and education about available services, including mental health services, in various languages (n=5).	Increased support, education, and social services provided to family members and caregivers of those with mental health needs (n=3).	Collaborations between general practitioners, mental health providers, and traditional healers (i.e. "*curanderos*" and acupuncturists) (n=not recorded).

OLDER ADULTS, 60+ YEARS

PRIORITY POPULATIONS. Table 16 shows the distribution of the two Older Adult breakout groups by priority population as well as the number of participants in the groups who voted for the respective priority populations. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 16. Percentage of Participants Who Selected the Top Priority Populations for Older Adults, 60 Plus

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Individuals experiencing the onset of serious psychiatric illness	1	3	7	43%
Underserved cultural populations	2	6	15	40%
Trauma-exposed	1	3	8	38%

Sub-populations. Table 17 displays the Older Adult sub-populations for the three priority populations identified above.

Table 17. Priority Population Sub-populations: Older Adults, 60 Plus

Priority Populations	Sub-populations	
	Group 1 (N=7)	
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Individuals experiencing loss of protective factors, social support, and independence; or, individuals experiencing isolation and frustration due to loss in social support and decreased sense of purpose. • Individuals unaware of early signs of mental illness. • Individuals whose primary medical providers do not screen for mental illness (e.g., depression, psychosis), or minimize, overlook, or misdiagnose. • Physical illness that leads to psychiatric illness. • Families/caregivers of those who experience breakdowns.	
	Group 1 (N=7)	Group 2 (N=8)
Underserved Cultural Populations	• Refugees/immigrants, especially newly arrived within first 5 years; or, Non-English speakers. • Homebound individuals unable to manage own transportation. • Individuals who are uneducated/illiterate (in both native language and English). • Individuals isolated from other members of own ethnic groups. • Asians, Latinos, Armenians, and Persians who experience social stigma attached to seeking out/receiving mental health services; individuals, such as Orthodox or Fundamentalist Jews, Muslims and Christians, whose culture and religion stigmatizes those who receive mental health treatment or traditional, orthodox religions are not considered in the treatment delivery; or, individuals who experience conflicts between superstition and mental health.	• Russian/Farsi speakers; African-American; Hispanic; Armenian; Asian; or, non-English speakers. • Undocumented; or, homeless. • Gay/Lesbian/Bisexual/Transgender. • Indigent – no medical insurance; or, those with Medi-Care turned to HMO. • Working folks without medical insurance – especially those age 60-64. • Geographically challenged – like those in Santa Clarita Valley; or, those who are isolated – do not seek traditional services (use churches and pastors). • Those limited due to transportation or no longer able to drive. • Those with physical limitations and/or disabilities.

	Group 2 (N=8)
Trauma-exposed	• Victims of crimes; natural disasters (earthquakes); gay bashing; verbal abuse; elder abuse, or, domestic violence. • Individuals who are or have been incarcerated; homeless; veterans; or, Holocaust survivors. • Ill elderly individuals who have lost a caregiver (spouse, child, etc.); individuals who have lost their homes due to foreclosure; lost their job; lost adult child or sibling; lost their identity; or, lost a long time partner (grief). • Those involved in an auto accident and/or have lost their driver's license. • Russian immigrants and other immigrants. • Caregivers and family members of those with Alzheimer's. • Those not seeking help due to cultural ideals of seeking help or, those with a diagnosis of serious psychiatric or physical illness. • Those experiencing a financial status change; or, a dramatic change in life. • Isolation due to physical limitations. • Substance abusers of prescription drugs and alcohol.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing Older Adults are presented in Table 18.

Table 18. Top Strategies by Priority Population: Older Adults, 60 Plus

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Individuals Experiencing the Onset of Serious Psychiatric Illness	1 (N=7)	Increased screening at senior centers, doctor's offices, gay and lesbian centers, rehabilitation centers, and other non-traditional settings (n=6).	Financial and transportation assistance, especially for individuals who do not quality for Medi-Cal or cannot afford to pay for services (n=1).	N/A
Underserved Cultural Populations	1 (N=7)	Culturally and linguistically appropriate services and education/training on an array of mental health issues (n=6).	Spaces to develop social networks for seniors (n=1).	N/A
	2 (N=8)	Outreach and education strategies to decrease stigma by increasing awareness of mental health services (n=4).	Partnerships and collaboration with those who enter the homes of seniors such as Meals on Wheels, cable servicemen, and meter readers (n=4).	N/A
Trauma-Exposed	2 (N=8)	Partnerships and collaboration (n=5).	Education for professionals, family and community members, via media campaigns and outreach on mental health issues (includes suicide) (n=2).	Social activities and support (n=1).

VI. RECMMENDATIONS FOR ADDITIONAL NEEDS OR POPULATIONS

At the end of the breakout session, participants were asked to identify any additional needs or populations that were not addressed during the discussion around priority population strategies. The suggestions offered are presented below by age and language groups.

ADDITIONAL NEEDS OR POPULATIONS	

Children (0 to 5)	• Consider the following populations:
	  o African American.
	  o Foster care youth.
	  o Unborn children.
	  o Children 0-5 in juvenile justice.
	• Consider universality a key to prevention, instead of constantly focusing on priority populations.
	• Do not restrict discussions to state priorities. Participants felt restricted during the conversation.
	• Broaden the list of priority populations. Participants felt the list of priority populations is too confining.
	• Remember that it is not just children of low income families who are at risk of mental illness.

Children (6 to 15)	• Additional service needs:
	  o Gang prevention.
	  o Suicide prevention.
	• Address the following:
	  o Homelessness.
	  o Labeling and over-medicating children.
	  o Nutritional impact on mental health.
	• Increase educational opportunities and mental health services for youth involved in the juvenile justice system, especially those residing in county-run juvenile camps.
	• DMH and school districts to provide more acknowledgement and support to children, youth, and their families who are being bullied and/or struggling with sexual identity issues.
	• Consider the multi-disciplinary home and school-based service delivery systems discussed in this breakout session as a means of decreasing the stigma associated with seeking help for mental health related issues and would most benefit underserved cultural populations, specifically recent immigrants and their children, who typically do not seek or access services.

Transition Age Youth (16-25)	• Provide mental health services support to parents of murdered children. • Increase services to “Western European White People.”

Adults (26-59)	• Address the following populations:
	  o Armenian population.
	  o LGBT Youth that are ‘coming out’ (ages 12 to 20).
	  o People at-risk or exposed to suicide.

ADDITIONAL NEEDS OR POPULATIONS	
	○ Individuals experiencing onset of serious psychiatric illness. ○ Treatment resistant population. ○ Undocumented immigrants who are afraid to use public services. • Address the following additional needs: ○ Technological support for younger populations. ○ Access to school programs and evaluations (i.e., IEP for special needs) by younger people. ○ Employment for 55 – 60 year olds. ○ Parents who sometimes cannot control mentally ill family members. • Be mindful about culture when developing PEI interventions. • Use lay people to train the public about mental illness.
Older Adults (60 Plus)	• Include under Trauma-exposed the following sub-populations: ○ Those experiencing loss of physical control and mental losses. ○ Those with catastrophic experiences such as relocation due to war. Examples of these communities are the Armenian community, Latinos from Central America, Persian, Soviet Union, or other war town countries. ○ Those experiencing transitions such as moving from a home to small apartment, moving out of one's neighborhood, or from the hospital to rehabilitation center and back to home or assisted living. ○ Those Individuals experiencing onset of serious psychiatric Illness, especially those who have experienced physical, family, and emotional losses or catastrophic events. • Recognize that changes for older adults are difficult. • "Be aware of religious holidays (today is a Jewish holiday) when organizing forums. The Jewish community cannot participate at the same level and we miss out on members' opinions."
Korean-language Group	• Offer programs to educate Korean families about child abuse guidelines and acceptable ways to discipline children. • Educate law enforcement about Korean culture and how to be sensitive to its cultural norms. • Create an etiquette program to teach Korean families acceptable U.S. social skills.
Spanish-language Group	• Establish volunteer programs that can provide support to the older adult population. • Offer training classes for adults ages 26-59 at schools and community centers on self sufficiency and economic support. • Utilize community centers that can provide services benefiting families and the overall community. • Create and/or build more shelters for abused women. • Provide support systems and/or services for TAY.